



THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date _____
Name _____ Gender _____
Address _____
Telephone _____
Date of Birth _____ Age _____
Referral: *GP / Orth / Self / Other* _____
Work demands _____
Leisure activities _____
Functional limitation for present episode _____

Outcome / Screening score _____
NPRS (0-10) _____
Present Symptoms _____

Present since _____ *improving / unchanging / worsening*
Commenced as a result of _____ *no apparent reason*

Symptoms at onset: *neck / arm / forearm / head* _____

Constant symptoms: *neck/arm/forearm/head* _____ Intermittent symptoms: *neck/arm/forearm/head* _____

Worse *bending sitting turning lying / rising*
am / as the day progresses / pm when still / on the move
other _____

Better *bending sitting turning lying*
am / as the day progresses / pm when still / on the move
other _____

Disturbed Sleep *yes / no* Sleeping postures: *prone / sup / side R / L* Pillows: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

Dizziness / tinnitus / nausea / vision / speech _____ *Gait / Upper Limbs: normal / abnormal*

Medications: _____

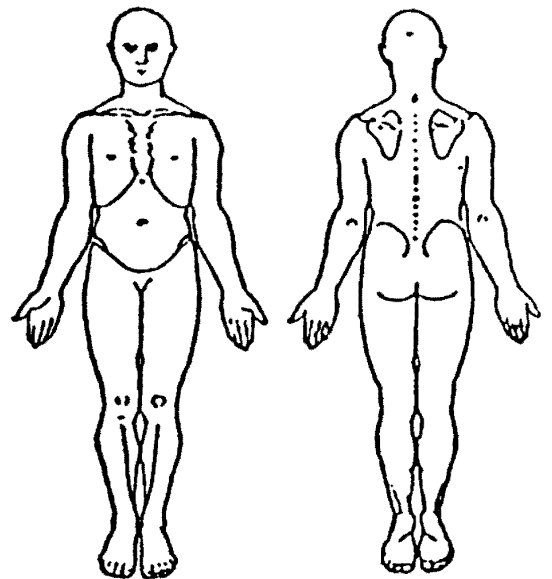
General health / Comorbidities: _____

Recent / relevant surgery: *yes / no* _____

History of cancer: *yes / no* _____ Unexplained weight loss: *yes / no* _____

History of trauma: *yes / no* _____ Imaging: *yes / no* _____

Patient goals / expectations: _____



EXAMINATION

POSTURAL OBSERVATION

Sitting: *erect / neutral / slump*

Protruded head: *yes / no*

Lateral deviation: *right / left / nil*

Change of posture: *better / worse / no effect*

Lateral deviation relevant: *yes / no*

Other observations / functional baselines:

NEUROLOGICAL

Motor deficit

Reflexes

Sensory deficit

Neurodynamic tests

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Protrusion					
Flexion					
Retraction					
Extension					

	Maj	Mod	Min	Nil	Symptoms
Lateral flexion R					
Lateral flexion L					
Rotation R					
Rotation L					

TEST MOVEMENTS Describe effect on present pain – **During:** produces, abolishes, increases, decreases, no effect, centralising, peripheralising. **After:** better, worse, no better, no worse, no effect, centralised, peripheralised.

Symptomatic response		Mechanical response	
During testing	After testing	Effect - ↑ or ↓ ROM or key functional test	No effect
Pretest symptoms sitting			
PRO			
Rep PRO			
RET			
Rep RET			
RET EXT			
Rep RET EXT			
Pretest symptoms lying			
RET			
Rep RET			
RET EXT			
Rep RET EXT			
Pretest symptoms			
LF - R			
Rep LF - R			
LF - L			
Rep LF - L			
ROT - R			
Rep ROT - R			
ROT - L			
Rep ROT - L			
FLEX			
Rep FLEX			
Other movements			

STATIC TESTS

Pro / Ret / Flex / Other

OTHER TESTS

PROVISIONAL CLASSIFICATION

Derangement

Central or symmetrical

Unilateral or asymmetrical above elbow

Unilateral or asymmetrical below elbow

Directional Preference:

Dysfunction: Direction

Postural

OTHER subgroup:

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY

Comorbidities

Cognitive - Emotional

Contextual

Descriptions:

PRINCIPLES OF MANAGEMENT

Education

Exercise type

Frequency

Other exercises / interventions

Management goals

Signature